PTO/SB/07 (08-03)
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 10/512,087

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	/		X			
2		/		X		
3		/		X		
4		/		X		
5		/		X		
6		/		X		
7		/				
8		/		X		
9		/		X		
10		/		X		
11		/		X		
12		/		X		
13		/		X		
14		/		X		
15		/		X		
16		/		X		
17	/		X			
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43		/		X		
44		/		X		
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46		/		X		
47		/		X		
48		/		X		
49		/		X		
50		/		X		
Total Indep						
Total Depend						
Total Claims						

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51		/		X		
52		/		X		
53		/		X		
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55		/		X		
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Total Indep	6		3			
Total Depend	52		13			
Total Claims	58		16			